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Bib Data Sheet

CONFIRMATION NO. 8485

SERIAL NUMBER 09/943,193	FILING DATE 08/29/2001 RULE	CLASS 600 705	GROUP ART UNIT 6736 3626	ATTORNEY DOCKET NO. P-9618.00
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APPLICANTS

Kenneth M. Riff, Orono, MN;
 Gregory J. Linden, Shorewood, MN;
 Kurt R. Smith, Boulder, CO;

** CONTINUING DATA *None VF*

THIS APPLN CLAIMS BENEFIT OF 60/228,961 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,674 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,686 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,685 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,645 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,699 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,698 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,697 08/29/2000
 AND CLAIMS BENEFIT OF 60/228,696 08/29/2000

** FOREIGN APPLICATIONS *None VF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/04/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	8	74	30
Verified and Acknowledged	<i>N.F.</i>	Examiner's Signature	Initials		

ADDRESS

Girma Wolde-Michael
 Medtronic, Inc., MS 301
 7000 Central Avenue NE
 Minneapolis, MN 55432

TITLE

Medical device systems implemented network scheme for remote patient management

FILING FEE RECEIVED 3972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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